



A Guide to Completing Your CalPERS

Non-Member Service Retirement Election Application

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INTRODUCTION

CalPERS wants to make your process of applying for non-member service retirement a smooth one. And while there are some steps you need to take to complete the necessary forms and benefit decisions, the information provided in this publication should make these efforts easy.

The *Non-Member Service Retirement Election Application* is the main form you will need to apply for retirement. However, based on your particular situation, there are some additional forms you may need to complete. And while we recommend planning for your retirement at least six months before your retirement date, you should not submit your application to CalPERS more than 90 days prior to your retirement date.

To be eligible for a CalPERS non-member service retirement account you must be awarded a portion of a former spouse's/former domestic partner's CalPERS pension as a result of a community property settlement in which you could be eligible to receive a monthly retirement benefit.

In order to apply for your non-member service retirement benefits, you must have a CalPERS non-member account, and you and your former spouse/former domestic partner must meet the CalPERS retirement eligibility requirements.

WHY RETIREMENT PLANNING IS IMPORTANT

Educating yourself beforehand is the key to making good retirement decisions. Once you've received your first full retirement benefit check, you cannot change your retirement option election, your designated beneficiary, or the retirement date you request on the *Non-Member Service Retirement Election Application* form. Therefore, it is very important that you fully understand what each election means to you and to those you plan to leave benefits to after your death. If you want to make a change to your election, contact CalPERS immediately.

Request a Non-Member Retirement Allowance Estimate

Since financial considerations are such an important part of your retirement decision, you should get an estimate of your retirement benefits when you begin to think seriously about retirement. We recommend getting a CalPERS staff-prepared estimate. You may request a staff-prepared estimate by submitting the *Non-Member Retirement Allowance Estimate Request* form in this publication.

YOUR RETIREMENT PLANNING CHECKLIST

The following checklist will help you plan the steps you should take during the 6 months before you retire. If your retirement date is less than 6 months away, do not worry. CalPERS can still help you to retire on the day you have chosen.

6 Months Before Retiring

- ☐ Time to think about getting a retirement benefit estimate. Complete the *Non-Member Retirement Allowance Estimate Request* form in this publication and send it to CalPERS. This information will help you choose your actual retirement date.

4 to 5 Months Before Retiring

- ☐ Begin working on your *Non-Member Service Retirement Election Application* form.
- ☐ This is the time you should begin to gather and make copies of the required documents you will need. Please send CalPERS **photocopies** of the documents; never send originals. Always include your Social Security number on every document you submit. Note: You will need a copy of **your beneficiary's birth certificate** if you are considering one of the options to provide continuing benefits to a beneficiary after your death. Please refer to "Is My Paperwork in Order" information in this publication before you send in your application.

3 Months Before Retiring

- ☐ Now it is time to mail your complete *Non-Member Service Retirement Election Application* form and any other applicable forms to CalPERS at the address shown on the last page of the form. Be sure you keep a copy of all the forms and supporting documents for your records and future reference. Please do **not** fax your retirement application to CalPERS. Apply on a timely basis as any delay in mailing your application could result in a delayed first payment.

COMPLETING YOUR CALPERS NON-MEMBER SERVICE RETIREMENT ELECTION APPLICATION

Remove the *Non-Member Service Retirement Election Application* form from this publication so you can follow the step-by-step instructions for each section while you are completing it.

Section 1 — Information about You

This section tells CalPERS about you.

- Enter your full name as it appears on your Social Security card.
Note: If you have changed your name, you must provide CalPERS with a photocopy of the document validating the change (marriage certificate, court order, etc.). Additionally, the IRS requires CalPERS to obtain a photocopy of your updated Social Security card containing your new name before we can discontinue using your former name. Until we receive a copy of your updated Social Security card, we are limited to adding your new last name to the name currently on our records.
- Enter your Social Security number. CalPERS needs the number to obtain your account information from our records.
- Enter your mailing address. We need your home address or P.O. Box number, including city, state, ZIP Code, and country. Your monthly retirement check will be mailed to this address unless you establish a direct deposit account. CalPERS will also use your home address to mail your annual tax statement and other information to you. To select direct deposit, please complete the *Direct Deposit Authorization* form in this publication.
- Your date of birth (month, day, and year) is needed to verify that our records are correct. We want to make sure this is accurate since your age is one of the components used to determine your retirement benefits.
- Enter if you are male or female.
- Enter your home and work telephone numbers so we can reach you if we have any questions or need more information.

Section 2 — Information About Your Retirement

This section tells us when you want to retire and provides other information needed to determine your benefits.

Note: The effective date of your retirement can be no earlier than the first of the month in which your application is received by CalPERS, or no earlier than the day following the date of the court order that divided the community property between you and your former spouse or former domestic partner, whichever is later.

- Enter the actual **retirement date** you have chosen (month/day/year).
Remember, your retirement may be effective any day of the week, including Saturday or Sunday.
- **Final compensation** is the highest average salary “earned by the member” (your former spouse/former domestic partner) during any consecutive one-year or three-year period, **prior to the date of dissolution of marriage/ domestic partnership or legal separation or your former spouse’s/former domestic partner’s last day on payroll, whichever is earlier.** If you wish

to specify a different period when the final compensation may have been higher, enter that information. However, the time period must be prior to the date the marriage or domestic partnership was terminated or your former spouse or former domestic partner's last day on the payroll.

Section 3 — Select Your Retirement Payment Option and Beneficiary

This section tells CalPERS your retirement allowance option choice. If you have not obtained an estimate you should do so prior to completing the application in order to make an informed decision.

You need to decide if you want **Option 1, Option 2, Option 2W, Option 3, Option 3W, Unmodified Allowance Option, or one of the Option 4's**. More information on each of these options is provided in this publication to assist you in making your decision. Your retirement benefit estimate provides a projection of the retirement benefit you and your beneficiary would receive for each option.

Your Option choices are:

- **Option 1** — Upon your death, any unused contributions in your account will be paid to your beneficiary in a lump sum. Option 1 does not provide a continuing monthly allowance to a beneficiary.

Note: Option 1 is not available to the former spouse/former domestic partner of State Second Tier members, as Second Tier members make no member contributions.

Name your Option 1 Balance of Contributions Beneficiary in Section 3c of the application.

You may designate more than one person as beneficiary, and you may change your beneficiary(ies) at any time by submitting a ***Post Retirement Lump Sum Beneficiary Designation*** form. This form is available in the CalPERS publication *Changing Your Beneficiary or Monthly Benefit After Retirement*. You may access this publication on our website at www.calpers.ca.gov.

- **Option 2** — Upon your death, the same retirement allowance you receive will be paid to your beneficiary for life. Your retirement allowance will increase to the Unmodified Allowance Option amount if:
 - your beneficiary dies; or
 - your beneficiary waives entitlement to the Option 2 benefit; and
 - you notify CalPERS of the change

Name your Option 2 Individual Lifetime Beneficiary in Section 3a of the application.

- **Option 2W** — As an alternative to Option 2, you may elect the slightly higher allowance under Option 2W. However, your allowance would not

increase to the Unmodified Allowance Option amount under the situations described in Option 2.

Name your Option 2W Individual Lifetime Beneficiary in Section 3a of the application.

- **Option 3** — Upon your death, one-half of your monthly retirement allowance will be paid to your beneficiary for life. Your retirement allowance will increase to the Unmodified Allowance Option amount if:
 - your beneficiary dies; or
 - your beneficiary waives entitlement to the Option 3 benefit; and
 - you notify CalPERS of the change

Name your Option 3 Individual Lifetime Beneficiary in Section 3a of the application.

- **Option 3W** — As an alternative to Option 3, you may elect to receive the slightly higher allowance under Option 3W. However, your allowance will not increase to the Unmodified Allowance Option amount in the situations described in Option 3.

Name your Option 3W Individual Lifetime Beneficiary in Section 3a of the application.

- **The Unmodified Allowance Option** — This is the highest monthly allowance you can receive. However, it does not provide a continuing monthly allowance to a beneficiary, and there is no return of any unused contributions after your death.
- **Option 4** — Option 4 allows you to choose a more customized benefit, as long as the amount to your beneficiary is not greater than the benefit provided under Option 2W. For more information about this option, access the publication *A Guide to CalPERS Retirement Option 4* on our website at www.calpers.ca.gov. There is no provision under any Option 4 calculation for your allowance to increase to the Unmodified Allowance Option amount provided in Options 2 and 3.

Name your Option 4 Individual Lifetime Beneficiary in Section 3a of the application.

The following are the types of Option 4 allowances available.

Option 2W & 1 Combined — Upon your death, the retirement allowance you receive will be paid to your beneficiary. Upon your death and the death of your beneficiary, any remaining balance of your contributions will be paid to your secondary beneficiary. If you elect the 2W & 1 Combined-Option 4 allowance, in addition to naming an Individual Lifetime Beneficiary in Section 3, you must also name a beneficiary for your Option 1 balance.

Name your Option 1 Balance of Contributions Beneficiary in Section 3c of the application.

Option 3W & 1 Combined — Upon your death, one-half of your monthly retirement allowance will be paid to your beneficiary. Upon your death and the death of your beneficiary, any remaining balance of your contributions will be paid to your secondary beneficiary. If you elect the 3W & 1 Combined-Option 4 allowance, in addition to naming an Individual Lifetime Beneficiary in Section 3a, you must also name a beneficiary for your Option 1 balance.

Name your Option 1 Balance of Contributions Beneficiary in Section 3c of the application.

Specific Dollar Amount to Beneficiary — You can specify the dollar amount of your retirement allowance to be paid to your beneficiary upon your death.

Specific Percentage to Beneficiary — You can specify the percentage of your Unmodified Allowance Option amount to be paid to your beneficiary upon your death.

Reduced Allowance for Fixed Period of Time — You can elect to receive a specific dollar amount or percentage of your Unmodified Allowance Option for a specific length of time based on your lifetime alone or the joint lifetimes of you and your beneficiary. After this period, you will receive an increased allowance based on the actuarial equivalent of your remaining benefit. The minimum you can elect to receive is 25 percent of your Unmodified Allowance Option.

Reduced Allowance upon Death of Retiree or Beneficiary — You can specify a minimal reduction to the Unmodified Allowance Option (at least \$1) to provide the highest allowance possible while both you and your beneficiary are living. Upon your death or the death of your beneficiary, the continuing allowance will be significantly reduced for the survivor.

Name your Option 4 Individual Lifetime Beneficiary in Section 3a of the application.

Multiple Lifetime Beneficiaries — Unlike the other options that limit you to one beneficiary, this option allows you to provide a lifetime benefit to more than one beneficiary. You can give each beneficiary an equal share or designate specific dollar amounts or percentages of your benefit for each beneficiary.

Name your Option 4 Multiple Lifetime Beneficiaries in Section 3b of the application.

Section 3a — Individual Lifetime Beneficiary

If you elected Option 2, 2W, 3, 3W or 4, name your beneficiary here. Enter the name, Social Security number, birth date, sex, relationship to you, and

address of the beneficiary you designate to receive continuing benefits after your death.

Section 3b — Multiple Lifetime Beneficiaries

If you elected Option 4 Multiple Lifetime Beneficiaries, name your multiple beneficiaries here. Enter the name, Social Security number, birth date, sex, relationship to you, and address of each beneficiary you designate to receive continuing benefits after your death. If you wish your beneficiaries to receive an equal share of your benefits, do not fill in the specific dollar or specific percent of benefit. If you wish unequal amounts for each beneficiary, specify dollar amount or percent of benefit in the space provided.

Section 3c — Option 1 Balance of Contributions

If you elected Option 1, Option 4-2W/1 or 4-3W/1 combined, name your beneficiary(ies) here. Enter the name, Social Security number, birth date, sex, relationship to you, and address of the beneficiary you designate to receive any lump-sum balance of your remaining contributions after your death.

You can designate any person, corporation, or your estate as beneficiary for these lump sum benefits. If you want to designate a trust as your beneficiary, you should provide the name of the trust, date of the trust, and the name and address where the trust is filed. Do not designate the trustee by name, since this could change.

If naming more than three beneficiaries, you will need to complete a *Post Retirement Lump Sum Beneficiary Designation* form and return it with your retirement application. This form is available on the CalPERS publication *Changing Your Beneficiary or Monthly Benefit After Retirement*. You may access the publication on our website at www.calpers.ca.gov. If you need more space, you may make photocopies of the blank form. Be sure to check which benefit applies to each designation form and note under the title of the form the number and total pages included (i.e., 1 of 2, 2 of 2, etc.).

You may change your beneficiary at any time by submitting a revised *Post Retirement Lump Sum Beneficiary Designation* form. A change in your marital status, domestic partner status, or the birth or adoption of a child after retirement automatically revokes your original beneficiary designation.

Note: If you designate a minor child as your beneficiary and the child is still a minor when the benefit becomes payable, their surviving parent can claim the child's death benefit without a court order if the child is in their care. Or, if the child is not in the custody of their parent we will request a court order that either appoints someone as guardian of the child's estate or directs us to pay the child's benefit to a blocked bank account. As an alternative to these methods, you may request that we give you a "California Uniform Transfers to Minor's Act" form that you can complete now to nominate a custodian to claim any benefits that may become payable to your minor child. Please do not name the guardian or custodian of a minor child as your beneficiary; just name the child if that is your desire.

Once you have completed this section, review the “Is My Paperwork in Order” to carefully determine which beneficiary documentation to submit with your application.

Section 4 — Pro-Rated Allowance Upon Death of Non-Member

- Enter the **name, Social Security number, relationship and address** of the beneficiary you want to designate to receive your lump sum prorata benefit. (The prorata benefit is the prorated allowance due for the days you live in the month of your death.)

Section 5 — CalPERS Member Information

This section provides information on the CalPERS member (your former spouse or domestic partner) and your former marriage or domestic partnership. Do not use your name and Social Security number in this section.

- ☐ Enter the **name of the member** (your former spouse or domestic partner) whose account was split in the community property settlement.
- ☐ Enter the **Social Security number** of the member.
- ☐ Enter the **date you married or registered your domestic partnership** to the member.
- ☐ Enter the **date your marriage or domestic partnership terminated** (this is the date the court determined you were no longer married or in a domestic partnership and could legally remarry). If you have a separate CalPERS account as a result of a judgment of legal separation, enter your **separation date**.

Section 6 — Tax Withholding Election

This section tells CalPERS how you want your tax withholding handled. To assist you in making this decision, see the “Taxes and Your Non-Member Service Retirement” information in this publication or talk with your tax advisor. You can change your withholding at any time by completing another CalPERS *Tax Withholding Election* form.

- Under each section, federal tax withholding and State of California tax withholding, you can make only one election. Choose between no withholding, withholding a flat dollar amount, or withholding based on the tax tables.
- If you do not make an election, or if an invalid election is received, CalPERS is required by law to withhold taxes as if you are married with three exemptions. If you reside outside of California, your CalPERS pension income is not subject to California State income tax.

Section 7 — Non-Member Signature & Notary

This section must be completed or your application will be returned.

Your signature must be notarized by a Notary Public or witnessed by a CalPERS representative at any CalPERS office. If you reside in a foreign country, staff at the U.S. Consulate may witness your form.

What Happens Next?

After you submit your *Non-Member Service Retirement Election Application*, CalPERS will take the steps necessary for you to retire on the day you have selected. Once your application is received at our Sacramento Headquarters office, you will receive an acknowledgment letter letting you know we have begun processing your request, usually within 5–10 days of receipt of your application. CalPERS will notify you if we have questions or need more information.

Notification of Retirement Allowance

Before you receive your first retirement benefit check, CalPERS will send you a letter providing you with the date of your first retirement check, the amount you can expect to receive, and important income tax information. Keep the letter along with other CalPERS documents you may have. Check the information carefully and contact CalPERS toll-free at **888 CalPERS** (or **888-225-7377**) if any information is not correct. You can make no changes to your benefit option election, beneficiary you designate, or the retirement date you request on the *Non-Member Service Retirement Election Application* after you receive your first full retirement benefit check.

RETIREMENT FORMS

Non-Member Retirement Allowance Estimate Request

This form is used to request an estimate of retirement and survivor benefits prepared by CalPERS staff.

Direct Deposit Authorization

This form is optional and can be completed at any time before or after retirement.

Direct deposit electronically transfers your retirement benefit allowance directly into your checking or savings account, avoiding the need for you to sign and deposit your benefit check at your bank. This can reduce the risk of loss, theft, or forgery; give you immediate and uninterrupted deposits; eliminate the inconvenience of checks; and provide you with a monthly statement of itemized deductions.

To enroll, complete the *Direct Deposit Authorization* form in this publication. Your financial institution must be a member of the Automated Clearinghouse Association to accept a direct deposit from CalPERS.

Is My Paperwork in Order?

Use the following information to make sure you have all the necessary documentation to go with the *Non-Member Service Retirement Election Application* you need to provide to CalPERS.

- Write your Social Security number in the upper right corner on all documents you submit to CalPERS.
- Never send originals of your documents — CalPERS accepts photocopies of these important papers.
- If all the necessary documents have not been provided to CalPERS at the time of your death, we may have to delay payment of death benefits until the missing documents are received. You can avoid this unnecessary delay and hardship on your beneficiary by providing all necessary documents in advance.

Non-Member Service Retirement Election Application *Sections 1 through 2*

- No documentation required.

Section 3

If you chose the Unmodified Allowance Option or Option 1:

- No documentation required.

If you chose Option 2, 2W, 3, 3W, or any Option 4:

- Photocopy of your beneficiary's birth certificate required. Do not send originals and always include your Social Security number on all documents.

Section 4 through 6

- No documentation required.

Section 7

- Remember to sign and date your application in the presence of a notary public or CalPERS representative.

Other Acceptable Documentation

(in order of preference)

Send photocopies only and write your Social Security number in the upper right corner on every document.

Birthdate Evidence

- Valid driver's license or identification card
- Baptismal record showing birth date, if baptism occurred at early age
- Passport
- Early school record showing birth date or age at a certain year
- Naturalization or immigration certificate
- Insurance policy, if issued before age 21
- Delayed birth certificate, if based on acceptable evidence, not affidavits
- Early census record
- Family Bible with entries made shortly after birth, showing complete date

Send Photocopies, Not Original Documents

CalPERS cannot return original documents. Documents submitted are eventually destroyed. Please send photocopies of documents only.



CalPERS Non-Member Retirement Allowance Estimate Request

888 CalPERS (or 888-225-7377) • TTY for Speech and Hearing Impaired: (916) 795-3240

This form is not an application for retirement. The purpose of this form is to request an estimate of potential future benefit amounts that will assist you with your financial planning.

Section 1

Information About You

Name (First Name, Middle Initial, Last Name)		Social Security Number	
Birth Date (mm/dd/yyyy)	Daytime Phone	Evening Phone	
Address			
City	State	ZIP Code	

Section 2

CalPERS Member Information

Member's Name (First Name, Middle Initial, Last Name)		Member's Social Security Number
Date of Marriage/Domestic Partnership (mm/dd/yyyy)	Date of Final Dissolution of Marriage/Domestic Partnership or Legal Separation (mm/dd/yyyy)	

Section 3

Estimate Information

Projected Retirement Date (mm/dd/yyyy)
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Section 4

Beneficiary Information

Name	
Relationship	Birth Date (mm/dd/yyyy)

Section 5

Other Option Types Available (Option 4)

CalPERS will provide you an estimate for the standard options. If these do not meet your needs, you may request **one** of the approved Option 4 types listed below.

<input type="checkbox"/> Option 2W & Option 1 combined	<input type="checkbox"/> Option 3W & Option 1 combined
<input type="checkbox"/> Specific Percentage to Beneficiary _____ % Percentage	<input type="checkbox"/> Specific Dollar Amount to Beneficiary \$ _____ Amount
<input type="checkbox"/> Reduced Allowance by _____ through _____ Percentage or Dollar Amount Date (mm/yyyy)	
<input type="checkbox"/> Multiple Lifetime Beneficiaries _____ Birth Date (mm/dd/yyyy) Birth Date (mm/dd/yyyy) Birth Date (mm/dd/yyyy)	
<input type="checkbox"/> Reduced Allowance Upon Death of Non-Member or Beneficiary \$ _____ Reduction Amount	

Mail to:

CalPERS Member Services Division • P.O. Box 942717, Sacramento, California 94229-2717

Instructions for Completing Form

Parts 1, 2, and 3 must be completed to process your estimate request. If you have any questions, please call the number listed on the front of this form.

Section 1

Applicant Information

Name: Provide your first name, middle initial, and last name.

Social Security Number: Provide your Social Security Number.

Birth Date: Provide month, day, and complete year.

Telephone Number(s): Provide us your daytime and/or evening telephone number in case we need to reach you.

Mailing Address: Provide the mailing address where you wish to receive your estimated retirement allowance.

Section 2

CalPERS Member Information

Enter the name and Social Security number of the member whose account was split in the community property settlement. Enter the date of marriage/domestic partnership to the member and the date your married status or domestic partnership was terminated.

Section 3

Estimate Information

Projected Retirement Date: List your projected retirement date.

Section 4

Beneficiary Information

A beneficiary is any person(s) you designate to receive a benefit after your death. If you would like to provide a lifetime monthly benefit to a beneficiary, we will need their birth date.

Relationship to You: A beneficiary might be a spouse, child, friend, etc.

Beneficiary Birth Date: Provide month, day, and complete year.

Section 5

Other Option Types Available (Option 4)

Under Option 4 the law allows you to design the type of coverage you wish to provide, as long as the amount to your beneficiary(s) is not more than the benefit provided under Option 2W. For additional information please refer to the CalPERS publication, *A Guide to CalPERS Retirement Option 4*.



Non-Member Service Retirement Election Application

(888) CalPERS (or 888-225-7377) • TTY for Speech and Hearing Impaired: (916) 795-3240

Please do not mail or deliver your application to CalPERS more than 90 days before your retirement date.

Section 1

Please provide your name as it appears on your Social Security card.

Please display all dates in this order: month/day/year.

Information About You

Name (First Name, Middle Initial, Last Name)			Social Security Number	
Address				
City		State	ZIP Code	Country
Birth Date (mm/dd/yyyy)	<input type="checkbox"/> Male <input type="checkbox"/> Female Gender	() Home Phone	() Work Phone	

Section 2

Enter the actual retirement date you have chosen. Remember, your retirement may be effective any day of the week, Sunday through Saturday.

Information About Your Retirement

Please refer to the detailed instructions in this publication.

Retirement Date (mm/dd/yyyy)

Final Compensation Period

Do you have any final compensation period higher than the last consecutive 12 or 36 months?

<input type="checkbox"/> No	<input type="checkbox"/> Yes, from	Beginning Date (mm/dd/yyyy)	to	Ending Date (mm/dd/yyyy)
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Note: Final Compensation is the highest average salary “earned by the member” (your former spouse or domestic partner) during any consecutive one-year or three-year period, prior to the date the marriage or domestic partnership was terminated or your former spouse or domestic partner’s last day on payroll, whichever is earlier.

Section 3

Select only one payment option: Option 1, Option 2, Option 2W, Option 3, Option 3W, the Unmodified Allowance Option, or one of the Option 4 types.

Select Your Retirement Payment Option and Beneficiary

By filling out this section, you are electing your Retirement Payment Option and designating your beneficiary. Once you select a payment option, you cannot change to another option. Along with your option selection, you must complete at least one of the beneficiary designations in Sections 3a–3c. If you choose the Unmodified Allowance Option, you do not need to specify a beneficiary. Please refer to the detailed instructions in this publication for more information.

☐ **Option 1** - To complete this option choice, you must also fill out Section 3c, *Balance of Contributions Beneficiary*.

☐ **Option 2** - To complete this option choice, you must also fill out Section 3a, *Individual Lifetime Beneficiary*.

☐ **Option 2W** - To complete this option choice, you must also fill out Section 3a, *Individual Lifetime Beneficiary*.

☐ **Option 3** - To complete this option choice, you must also fill out Section 3a, *Individual Lifetime Beneficiary*.

☐ **Option 3W** - To complete this option choice, you must also fill out Section 3a, *Individual Lifetime Beneficiary*.

☐ **Unmodified Allowance Option** - If you select this option there is no return of your member contributions and no monthly benefits payable upon your death. There is no beneficiary designation for this option.

Your Name

Social Security Number

Section 3, continued

Select Your Retirement Payment Option and Beneficiary, continued

☐ **Option 4, Individual Lifetime Beneficiary** - If you select this option, you must also select one of the following Individual Lifetime Beneficiary options below.

These options apply
to Option 4 **Individual
Lifetime Beneficiary** only.

☐ **Option 2W & Option 1 Combined** - To complete this option choice, you must also fill out Section 3a, *Individual Lifetime Beneficiary* and Section 3c, *Balance of Contributions Beneficiary*.

☐ **Option 3W & Option 1 Combined** - To complete this option choice, you must also fill out Section 3a, *Individual Lifetime Beneficiary* and Section 3c, *Balance of Contributions Beneficiary*.

☐ **Specific Dollar Amount to Beneficiary** \$ _____ - To complete this option choice, you must also fill out Section 3a, *Individual Lifetime Beneficiary*. Dollars

☐ **Specific Percentage to Beneficiary** _____ % - To complete this option choice, you must also fill out Section 3a, *Individual Lifetime Beneficiary*. Percent

☐ **Reduced Allowance for Fixed Period of Time** _____ through _____.
Percent or Dollars Date (month/year)

If you are naming a beneficiary under this option, you must also fill out Section 3a, *Individual Lifetime Beneficiary*.

☐ **Reduced Allowance upon death of retiree or beneficiary:** \$ _____ reduction amount
Dollars

To complete this option choice, you must also fill out section 3a, *Individual Lifetime Beneficiary*.

These options apply
to Option 4 **Individual
Lifetime Beneficiary** only.

☐ **Option 4, Multiple Lifetime Beneficiaries** - To complete this option choice, you must also fill out Section 3b *Multiple Lifetime Beneficiaries*.

Section 3a

Option 2, 2W, 3, 3W or 4 Individual Lifetime Beneficiary

Designate one beneficiary
and provide all of that
person's information
including full name.

Complete this section only if you chose either Option 2, 2W, 3, 3W or Option 4 Individual Lifetime Beneficiary.

Name (First Name, Middle Initial, Last Name)

Social Security Number

Birth Date (mm/dd/yyyy)

☐ Male ☐ Female
Gender

Relationship to You

Address

City

State

ZIP Code

Country

Section 3b

Option 4 Multiple Lifetime Beneficiaries

If you want your
beneficiaries to receive
an equal share of your
monthly benefits, do
not specify a dollar or
percentage of benefit.

Complete this section only if you selected Option 4 Multiple Lifetime Beneficiaries.

Name (First Name, Middle Initial, Last Name)

Social Security Number

Birth Date (mm/dd/yyyy)

☐ Male ☐ Female
Gender

Relationship to You

Dollar/Percent of Benefit

Address

City

State

ZIP Code

Country

Section 3b continues on page 3

Put your name and
Social Security number
at the top of every page

Your Name

Social Security Number

Section 3b, continued

Option 4 Multiple Lifetime Beneficiaries, continued

Name (First Name, Middle Initial, Last Name)

Social Security Number

Birth Date (mm/dd/yyyy)

☐ Male ☐ Female
Gender

Relationship to You

Dollar/Percent of Benefit

Address

City

State

ZIP Code

Country

Name (First Name, Middle Initial, Last Name)

Social Security Number

Birth Date (mm/dd/yyyy)

☐ Male ☐ Female
Gender

Relationship to You

Dollar/Percent of Benefit

Address

City

State

ZIP Code

Country

Section 3c

Option 1 Balance of Contributions Beneficiary(ies)

Designate up to
3 beneficiaries here. If
you want to designate
more than 3 beneficiaries,
see information in this
publication on completing
the *Post Retirement
Lump Sum Beneficiary
Designation* form.

Complete this section only if you selected **Option 1, Option 4 (2W & Option 1 Combined) or Option 4 (3W & Option 1 Combined)**. You may change this beneficiary(ies) at any time. This designation automatically revokes when there is a change in your marital status, domestic partnership status, or when there is a birth or adoption of a child. Please refer to the detailed instructions in this publication for more information.

Name (First Name, Middle Initial, Last Name)

Social Security Number

Birth Date (mm/dd/yyyy)

☐ Male ☐ Female
Gender

Relationship to You

Address

City

State

ZIP Code

Country

Name (First Name, Middle Initial, Last Name)

Social Security Number

Birth Date (mm/dd/yyyy)

☐ Male ☐ Female
Gender

Relationship to You

Address

City

State

ZIP Code

Country

Name (First Name, Middle Initial, Last Name)

Social Security Number

Birth Date (mm/dd/yyyy)

☐ Male ☐ Female
Gender

Relationship to You

Address

City

State

ZIP Code

Country

Put your name and
Social Security number
at the top of every page

Your Name

Social Security Number

Section 4

All Applicants must
complete this section.

Designate your beneficiary
to receive your Lump-
Sum Prorata Benefit.

Pro-rated Allowance Payable Upon the Death of the Non-Member

This section designates the person you wish to receive your lump sum prorata benefit.

Name (First Name, Middle Initial, Last Name)

Social Security Number

Relationship to You

Address

City

State

ZIP Code

Country

Name (First Name, Middle Initial, Last Name)

Social Security Number

Relationship to You

Address

City

State

ZIP Code

Country

Name (First Name, Middle Initial, Last Name)

Social Security Number

Relationship to You

Address

City

State

ZIP Code

Country

Section 5

Do not use your name
and Social Security
number in this section.

CalPERS Member Information

This section provides information on the CalPERS member (your former spouse / domestic partner) and your former marriage or domestic partnership.

Member's Name (First Name, Middle Initial, Last Name)

Member's Social Security Number

Date of Marriage or Date Registered with the California Secretary of State as being in a domestic partnership (mm/dd/yyyy)

Date Marriage or Domestic Partnership to Member Terminated

Section 6

Tax Withholding Election

Please choose one only.

Federal Income Tax information. Please refer to the detailed instructions in this publication for more information.

- ☐ Do not withhold federal income tax.
- ☐ Withhold federal income tax in the amount of \$_____ per month.
Dollars
- ☐ Withhold federal income tax based on the tax tables for:
- ☐ A married individual with _____ tax withholding exemptions.
Number
- ☐ A single individual with _____ tax withholding exemptions.
Number
- In addition to the amount withheld based on the tax tables, withhold \$_____ per month.
Dollars

Please choose one only.

State withholding
is optional for
out-of-state residents.

State Income Tax information. Please refer to the detailed instructions in this publication for more information.

- ☐ Do not withhold State of California income tax.
- ☐ Withhold State of California income tax in the amount of \$_____ per month.
Dollars
- ☐ Withhold State of California income tax based on the tax tables for:
- ☐ A married individual with _____ tax withholding exemptions.
Number
- ☐ A single individual with _____ tax withholding exemptions.
Number
- In addition to the amount withheld based on the tax tables, withhold \$_____ per month.
Dollars
- ☐ Withhold State of California income tax in the amount of 10 percent of the federal income tax withholding amount.

Your Name

Social Security Number

Section 9

This section must
be completed or
your application will
be returned.

Non-Member Signature and Notary

I certify, under the penalty of perjury, that the information submitted hereon is true and correct to the best of my knowledge. I understand that to cancel this application or to change the elected option or beneficiary I must notify CalPERS before the mailing of my first full monthly retirement allowance check.

Your Signature

Date (mm/dd/yyyy)

State of California, County of _____

On _____ before me, _____

Date

Name of Notary/Witness

personally appeared _____, who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument. I certify under **Penalty of Perjury** under the laws of the State of California that the foregoing paragraph is true and correct.

Notary Seal

Witness my hand and official seal **or** authorized CalPERS representative signature.

Signature of Notary or CalPERS Representative

Position Title

Date (mm/dd/yyyy)

Print Name

CalPERS Office (if applicable)

Mail to:

CalPERS Member Services Division • P.O. Box 942711, Sacramento, California 94229-2711



Direct Deposit Authorization

888 CalPERS (or 888-225-7377) • TTY for Speech and Hearing Impaired: (916) 795-3240 • Fax: (916) 795-3934

Section 1

A separate form must be completed for each type of retirement benefit to be sent by Direct Deposit.

Information About You

You will receive a confirmation letter with the effective date once CalPERS has processed this completed form. You can review your statement online or receive it by mail from the California State Controller's Office. In order to receive important information about benefits, payees should keep CalPERS informed of any address changes.

Name (First Name, Middle Initial, Last Name)		Social Security Number
Address		Daytime Phone
City	State	ZIP Code

Section 2

If you are authorizing your payment to your savings account or do not have pre-printed, personalized checks, please have your financial institution complete this section.

Information About Your Account

☐ Checking ☐ Savings ☐ Individual ☐ Joint (If so, Complete Section 3) ☐ Trust Account *

Routing Number (nine digits)	Account Number
------------------------------	----------------

Please use tape to attach your voided, pre-printed personalized check. (Do not staple or paper clip. No deposit slips.)

Name of Financial Institution	Branch Phone Number	
Address		
City	State	ZIP Code

You confirm the identity of the above-named payee and the account number. As a representative of the above named financial institution, you certify the financial institution agrees to receive and deposit the payment identified above.

Signature of Representative	Print Representative's Name	Date (mm/dd/yyyy)
-----------------------------	-----------------------------	-------------------

Section 3

Information About Joint Account Holder (If applicable)

Name	Social Security Number or Date of Birth (mm/dd/yyyy)	
Address		
City	State	ZIP Code

Section 4

Certification

Signature required.

I certify I am entitled to the payment identified above. In signing this form, I authorize my payment to be sent to my financial institution and deposited to my designated account. I authorize amounts transferred after my death or transmitted in error to be debited from my account.

Signature of Payee	Date (mm/dd/yyyy)
--------------------	-------------------

- ☐ I elect to view my statement online.** or
☐ I elect to receive my statement by mail.

PAIN: _____
(CalPERS Use Only)

Direct Deposit statements are available online.

** Don't have a Username?
Register online at www.calpers.ca.gov.

Mail to:

CalPERS Benefit Services Division • P.O. Box 942716, Sacramento, California 94229-2716

TAXES AND YOUR NON-MEMBER SERVICE RETIREMENT

General Information

The subject of taxes can be confusing and perhaps a little intimidating. The following information is designed to help you understand and calculate the tax responsibilities of your CalPERS non-member service retirement allowance.

While CalPERS can provide you with information on some tax laws you need to be aware of, you should request additional information regarding the taxability of your non-member retirement allowance from the Internal Revenue Service, California State Franchise Tax Board, or from your tax advisor.

1099R Annual Tax Reporting Statement

Each January, you will receive a 1099R form containing information on your CalPERS income from the previous calendar year. Box 1 on the 1099R form, labeled “Gross Distribution,” contains the total amount of your gross allowance. This is normally the accumulated annual gross amount of the payments you received dated January 1 through December 31. Box 2a, labeled “Taxable Amount,” contains the amount of your gross allowance that is taxable income. This is the amount that you will report as income on your personal income tax return. Box 5, labeled “Employee Contributions or Insurance Premiums,” contains the amount of tax-free contributions you may have, if any.

You should be aware that CalPERS participates in the Combined Federal/State Filing Program. This means the California State Franchise Tax Board or your state of residence may access your reported income.

Calculating The Tax-Free Portion of Your Retirement Allowance

Federal law requires CalPERS to use certain methods to calculate and report the annual tax-free portion of your retirement allowance. The tax-free portion is determined based on the previously taxed contributions. The total amount may be found on your *Notification of Retirement* letter under the heading of “Taxed Contributions.”

CalPERS uses the Simplified Safe Harbor Method tables in Internal Revenue Service (IRS) Publication 575, to determine the tax-free portion of your allowance. For retirements effective on or after January 1, 1998, use one of the following tables to determine the number of your lifetime payments. Divide the amount of your “Taxed Contributions” by the “Number of Lifetime Payments” to get your monthly tax-free allowance amount.

Please note: If you were age 75 or over on your retirement effective date, you cannot use these tables. Instead, the IRS requires you to use the “General Rule” to determine your monthly/annual tax-free portion. Information on the “General Rule” can be found in IRS Publication 939, available on the IRS website (www.irs.ustreas.gov) or can be ordered by calling the IRS at (800) 829-1040.

Table B – Simplified Method
Single Life Annuity
Receiving an Unmodified Allowance or Option 1 Benefit

Find your age at retirement and use the corresponding payment numbers.	
Age at Retirement	Number of Lifetime Payments
55 & under	360
56-60	310
61-65	260
66-70	210
71-74	160

Table C – Simplified Method
Joint Life Annuity
Receiving an Option 2, 2W, 3, 3W or 4

Find your and your beneficiary’s combined ages at retirement and use the corresponding payment numbers.	
Combined Ages of Annuitants at Retirement*	Number of Lifetime Payments
110 or less	410
111-120	360
121-130	310
131-140	260
141 or more	210

* *If you elected Option 4 and have more than one beneficiary designated to receive a lifetime benefit, you must use the youngest beneficiary’s age along with your age at retirement to determine the combined ages of annuitants at retirement.*

Federal Tax Considerations

It is important to remember that you may be “penalized” by the Internal Revenue Service (IRS) if you do not withhold a sufficient amount during the tax year. To avoid any penalties, contact your local IRS office or a tax advisor to ensure you are in compliance with the federal tax withholdings.

For more information about federal taxes, please contact your local IRS office or a tax advisor. You can obtain a free copy of “*Pension and Annuity Income*,” IRS Publication 575, by calling toll-free (800) 829-1040 or visiting their website at www.irs.ustreas.gov.

California State Taxes

Since federal legislation prohibits states from taxing the pension income of non-residents, if you reside outside the state, California State taxes will not be withheld from your CalPERS benefit without your authorization. While your CalPERS benefit is still a California source income, there is no longer any California source tax for qualified non-residents. If you have questions about your California residency status or your California State taxes, contact the California Franchise Tax Board (or visit their website at www.ftb.ca.gov) or a tax advisor.

Tax Withholding Election

Unless you submit an election for tax withholding, CalPERS is required to withhold taxes from your monthly allowance based on the tax tables for a married person with three exemptions. By law, all CalPERS retirees whose allowances are taxable are required to select one of the three withholding choices:

- To have no taxes withheld;
- To have a specific dollar amount withheld (you determine the amount for both federal and State withholding); or
- To have taxes withheld according to the tax tables, based on marital status and number of exemptions (you may also add a specific dollar amount to this election).

If you choose one of the tax tables, taxes will not be withheld unless your gross allowance exceeds the minimum amount listed on the tax table for your filing status (i.e., single, married, number of dependents, etc.).

AFTER RETIREMENT

Changing Your Beneficiary or Monthly Benefit After Retirement

There are limited situations when you can change your beneficiary or benefit option after retirement. If there is a change in your marital status or domestic partner status, or your designated beneficiary dies, you may be entitled to elect a new benefit option and designate a new beneficiary. Electing a modification of option will reduce your current allowance. To determine if this situation applies to you, request and review the CalPERS publication, *What You Need to Know About Changing Your Beneficiary or Monthly Benefit After Retirement*.

You may change your beneficiary for the Option 1 Balance (Option 1, 4-2W/1, or 4-3W/1) or the Retired Death Benefit at any time by filing a *Post Retirement Lump Sum Beneficiary Designation* form with CalPERS.

A change in your marital status, domestic partnership status, or the birth or adoption of a child after retirement will automatically revoke a previous beneficiary designation for any lump sum benefits. For more information on this topic, visit our website at www.calpers.ca.gov to access the CalPERS publication *What You Need to Know About Changing Your Beneficiary or Monthly Benefit After Retirement*.

Removing Your Monthly Beneficiary After Retirement

If you retired under Option 2W or Option 3W and named your spouse or registered domestic partner as your beneficiary and later get divorced, annulled, legally separated or your partnership is terminated, your former spouse or partner will still receive the monthly death benefit allowance after your death. You may ask us to **remove** your former spouse or partner as your beneficiary. Doing so will not change the amount of your retirement allowance. To remove your former spouse or partner as the option beneficiary, you must send a letter to CalPERS Benefit Services Division, P.O. Box 942711, Sacramento, CA 94229-2711. Be sure to write your Social Security number in the upper right corner of your letter.

BECOMING A MORE INFORMED NON-MEMBER RETIREE

CalPERS On-Line

Visit our Web site at www.calpers.ca.gov for more information on all your benefits and programs.

Reaching Us By Phone

Call us toll free at **888 CalPERS** (or 888-225-7377).
Monday through Friday, 8:00 a.m. to 5:00 p.m.
TTY: For Speech & Hearing Impaired (916) 795-3240

Important Information for Regional Office Visits

Prior to your office appointment, please complete the following important steps are completed:

- Complete all **forms** in the application publication to the best of your ability.
- Review the estimate of retirement benefits and bring the estimate with you to this appointment.
- Bring your picture identification.
- Bring a copy of your beneficiary's birth certificate.
- Write down any questions you have in advance.

What We Can Do

- Answer basic, retirement-related questions.
- Receive and witness completed retirement applications.
- Accept CalPERS forms and supporting documents.
- Receive requests for retirement estimates to be mailed to your home.

What We Cannot Do During Your Visit

- Conduct detailed research on your account.
- Resolve complex account issues or discrepancies.
- Provide immediate retirement estimate results.

Visit Your Nearest CalPERS Regional Office

Visit the CalPERS website for directions to your local office.
Monday to Friday, 8:00 a.m. to 5:00 p.m.

Fresno Regional Office

10 River Park Place East, Suite 230
Fresno, CA 93720

Glendale Regional Office

Glendale Plaza
655 North Central Avenue, Suite 1400
Glendale, CA 91203

Orange Regional Office

500 North State College Boulevard, Suite 750
Orange, CA 92868

Sacramento Regional Office

Lincoln Plaza East
400 Q Street, Room E1820
Sacramento, CA 95811

San Bernardino Regional Office

650 East Hospitality Lane, Suite 330
San Bernardino, CA 92408

San Diego Regional Office

7676 Hazard Center Drive, Suite 350
San Diego, CA 92108

San Jose Regional Office

181 Metro Drive, Suite 520
San Jose, CA 95110

Walnut Creek Regional Office

1340 Treat Blvd., Suite 200
Walnut Creek, CA 94597

INFORMATION PRACTICES STATEMENT

The Information Practices Act of 1977 and the Federal Privacy Act require the California Public Employees' Retirement System to provide the following information to individuals who are asked to supply information. The information requested is collected pursuant to the Government Code (Sections 20000, et seq.) and will be used for administration of the CalPERS Board's duties under the California Public Employees' Retirement Law, the Social Security Act, and the Public Employees' Medical and Hospital Care Act, as the case may be. Submission of the requested information is mandatory. Failure to supply the information may result in the System being unable to perform its function regarding your status and eligibility for benefits. Portions of this information may be transferred to State and public agency employers, State Attorney General, Office of the State Controller, Teale Data Center, Franchise Tax Board, Internal Revenue Service, Workers' Compensation Appeals Board, State Compensation Insurance Fund, County District Attorneys, Social Security Administration, beneficiaries of deceased members, physicians, insurance carriers, and various vendors who prepare the microfiche or microfilm for CalPERS. Disclosure to the aforementioned entities is done in strict accordance with current statutes regarding confidentiality.

You have the right to review your membership file maintained by the System. For questions concerning your rights under the Information Practices Act of 1977, please contact the Information Practices Act Coordinator, CalPERS, 400 Q Street, P.O. Box 942702, Sacramento, CA 94229-2702.

While reading this material, remember that we are governed by the Public Employees' Retirement Law and the Alternate Retirement Program provisions in the Government Code, together referred to as the Retirement Law. The statements in this publication are general. The Retirement Law is complex and subject to change. If there is a conflict between the law and this publication, any decisions will be based on the law and not this publication. If you have a question that is not answered by this general description, you may make a written request for advice regarding your specific situation directly to CalPERS.



California Public Employees' Retirement System

400 Q Street
P.O. Box 942701
Sacramento, CA 94229-2701

888 CalPERS (or 888-225-7377)
www.calpers.ca.gov

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